

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 358 STATE FILE NUMBER 63-028811

FILED JUL 30 1963

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Blue</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D. O. A. Indep. Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>1202 Bunker</u>	

3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Edward</u> Last <u>BRASWELL</u>			4. DATE OF DEATH Month <u>7</u> Day <u>25</u> Year <u>63</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-29-1943</u>	9. AGE (last birthday) <u>43</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>25</u> Hours <u>63</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Trucking</u>		11. BIRTHPLACE (City and state or country) <u>K.C. Kansas</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13a. FATHER'S NAME <u>Floyd E. Braswell</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Martha Reed Melba, Braswell</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Melba Braswell - Home</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes 6-1946 to 9-1946</u>		16. SOCIAL SECURITY NO. 17. INFORMANT <u>Mrs. Melba Braswell - Home</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cause of death undetermined</u> DUE TO (b) <u>pending Lab Exam.</u> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>10</u> a.m. <u>30</u> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>K.C. Kansas</u>

21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22. SIGNATURE (degree or title) <u>Dr. Hugh H. Owens</u>		22b. ADDRESS <u>157 Union Station</u>		22c. DATE SIGNED <u>7-25-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>7-27-63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>mt. Hope</u>	
23d. LOCATION (City, town, or county) <u>K.C. Kansas</u>		24. FUNERAL DIRECTOR <u>Mayfield Blue Springs Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-25-63</u>	
26. REGISTRAR'S SIGNATURE <u>Alba L. Gray</u>					

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59	1 <u>7001</u>	2 <u>9150</u>	3	4 <u>0</u>	5 <u>1</u>	6	7 <u>1</u>	8 <u>1</u>	9 <u>7955</u>	10	11	12 <u>92.3</u>	13 <u>1-0</u>
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7-25-63

AUG 8 1963

AUG 1 1963

AUG 7 1963

AUG 23 1963

AUG 9 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles E. Mayfield

Licensed Embalmer No. 4638

P. O. Address Blue Springs,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

7-25-63